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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *Yes, S.A.*
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IF REQUIRED, FOREIGN FILING LICENSE
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after <i>Allowance</i>	STATE OR COUNTRY GERMANY	SHEETS DRAWING 7	TOTAL CLAIMS 8	INDI C
Verified and Acknowledged Examiner's Signature <i>Shumye A. De</i>	Initials <i>S.A.</i>				

ADDRESS
30743

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RESTON , VA
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TITLE

Orthopedic aid with a locking device

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